



Special Event Permit
SPE2023-00056
Issue Date: 05/25/2023
Issued by: SSPAIN

Special Event Permit Type: Fireworks, Other
Organization Name: Springfield Rehab & Healthcare Center
Event Name: Fourth of July Celebration
Estimated Attendance: 99

| <u>Event Start</u> | <u>Event End</u> | <u>From</u> | <u>To</u> |
|--------------------|------------------|-------------|-----------|
| 06/27/2023 | 06/27/2023 | 08:00 PM | 10:00 PM |

Location:

Address: 2800 S FORT AVE SPRINGFIELD MO 65807

Conditions:

Department

Description

Building Development
Services

Building Development Service does not have any issues with the proposed event.

Building Development Services has no objection to issuing an amplified sound permit.

Fire

Approved Fire Access Lanes must be maintained.

Create an Emergency Action Plan (EAP) to be communicated to all staff members working at the event. The EAP covers situations such as, but not limited to, inclement weather or violent acts occurring during the event. Questions regarding this requirement can be directed to Battalion Chief Daniel Tscherny, Bureau Of Fire Prevention, at 417-874-2348 or by email at dtschern@springfieldmo.gov

A fireworks permit must be approved prior to public fireworks displays.

Business Licensing
Public Information Office
Police
PW Grounds
PW Traffic Management

No picnic or catering letters needed. Customer is already licensed BUS-0006150
No Conditions Noted
No officers needed for event.
No Conditions Noted
No Conditions Noted

City of Springfield
Special Event On-Line Application

Special Event #: SPE2023-00056

Start Date: 06/27/2023

Title: Fourth of July Celebration

Role: CONTACT

Site-Property Address: 2800 S FORT AVE

Address Description (Additional information i.e. Suite or Building Number):

Event Information

Organization Information

Organization Name: Springfield Rehab & Healthcare Center

Phone: 4178820035

Address: 2800 South Fort Avenue

Email: angie.yancey@nhccare.com

City: Springfield

State: MO

Zip: 65807

Website:

Primary Contact

Name: Angie Yancey

Phone: 4178820035

Email: angie.yancey@nhccare.com

Secondary Contact

Name:

Phone:

Email:

Event Dates and Times

| Event Starts | Event Ends | Event Setup Starts | Event Teardown Ends | Alternate Date |
|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
| 6/27/2023 8:00:00 PM | 6/27/2023 10:00:00 PM | 6/27/2023 5:00:00 PM | 6/27/2023 10:30:00 PM | 6/28/2023 8:00:00 PM |

Event Type

☐ Block Party ☐ Concert ☐ Festival

☒ Fireworks If checked, Fireworks require a permit.

☐ Parade ☐ Protest

☐ Pub Crawl

- Per General Ordinance No. 6195, Section 2-502: Two SFD Fire Marshals must be hired.
- All participating establishments must hold a current occupational liquor license.
- Type 3 Barricades with 'Road Closed' signage must be provided by applicant and staged at required locations.

☐ Rally ☐ Run ☐ Walk

☒ Other If "Other" please Describe: Live music before fireworks start

Previous Event Held On: 6/29/2022 9:15:00 PM

Location of Previous Event:

2800 South Fort Avenue Springfield Mo 65807

Event Operations

Description of Activities:

Live music and fireworks

Purpose of Event (Please be specific):

Providing a fourth of July celebration for the long term care residents that live here.

☒ I will upload a site map in the attachments.

☐ This event be open to the public.

Estimated Attendance Per Day: 99

☒ This event is by invitation only.

☐ Registration for attendance is required.

☐ This event includes fundraising.

What is the cost of admission? \$0.00

Organization(s) benefiting from the event:

Percentage of Profits donated: 0%

Use of Streets, Sidewalks, or Public Property

☒ Event is on Private Property Only

☐ Does event include use of streets, sidewalks, or public property? (If checked, Hold Harmless and Certificate of Insurance are required)

☐ I will attach a Hold Harmless Agreement on the Attachments page. A hold harmless is required if an event will use City property or right of way.

☐ I will attach a Certificate of Insurance on the Attachments page.

Certificate of Insurance:

- General Liability Insurance minimum of \$1,000,000
- Additional Insured Column and Per Occurrence must be marked
- City of Springfield must be listed as the 'Additional Insured'
- Certificate Holder: City of Springfield, Risk Management, 840 Boonville Ave., Springfield, MO 65802

Your event may qualify for insurance through the TULIP Program, which provides low cost general liability insurance to 'third-party' users of various venues and facilities for events. It protects both the user and the facility against claims by guests who may be injured as a result of attending the event.

☐ Street use and/or Street Closure Required

☐ I will attach a Route Map on the Attachments page. Route Map is required for streets and / or sidewalks use.

- Traffic Management will determine barricade quantities and signage required for street closures.
- It is the responsibility of the event organizer to provide and place the barricades for the event.
- The number of traffic safety officers required is based upon the approved route map determined.
- If officers are required, event applicant is responsible for the hiring of officers, and if applicable, providing work comp insurance.

☐ This event uses the Expo Lot.

Use of the vacant lot at 735 E. Trafficway, requires a \$1,000 rental contract, certificate of insurance for a \$1 million general liability policy naming the City as an additional insured and the completion of a hold harmless agreement for any action arising out of your use of the property.

☐ This event uses a Park or Park Facility.

- If this event will take place solely in a Springfield-Greene County Park, please call 417-864-1049 to reserve the park facilities.

Event Food and Alcohol

☐ Food will be prepared, served or sold.

If checked, please, check all that apply:

☐ Pre-packaged food only

☐ Food prepared on-site

☐ Use of gas or charcoal grill

☐ Mobile food trucks

Participating Food Vendor/Food Truck Information

Number of anticipated food vendors and/or mobile food trucks? 0

| Name | Address | Phone | Email | Springfield Business License | | | | | | | | | | | | | | | |
|---|---------|--|-------|------------------------------|---------------|---------|-------|-------|------------------------------|---|--|--|--|--|---|--|--|--|--|
| <input type="checkbox"/> Unsure of Food Vendor/Food Trucks at this time, however I agree to notify the Health Department (417-864-1017) at least 30 days in advance who all food vendors will be to ensure they are permitted to prepare and serve food to the public. | | | | | | | | | | | | | | | | | | | |
| Alcohol Usage | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alcoholic beverages will be available at this event. | | | | | | | | | | | | | | | | | | | |
| If alcohol is to be sold or served on private property: <ul style="list-style-type: none"> • Attach catering/picnic application on the following Attachments page. The State of Missouri will issue the catering/picnic permit and the City of Springfield will issue a catering letter. | | | | | | | | | | | | | | | | | | | |
| If alcohol is to be sold or served on City property, additional restrictions apply: <ul style="list-style-type: none"> • View the City Alcohol Ordinance and note, especially, Section 10-66. • Attach catering/picnic application on the following Attachments page. The State of Missouri will issue the catering/picnic permit and the City of Springfield will issue a catering letter. • Permission to serve alcohol must be requested. • \$1,000,000 Liquor liability is required with the City of Springfield listed as the additional insured. • A third-party agreement may be required. | | | | | | | | | | | | | | | | | | | |
| List businesses or organizations that will be responsible for obtaining any necessary liquor permits (such as catering/picnic permit from the State of Missouri and a catering letter from the City of Springfield) | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Phone</th> <th style="width: 15%;">Email</th> <th style="width: 30%;">Springfield Business License</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <ul style="list-style-type: none"> • If alcohol is to be consumed on City property, additional restrictions may apply. </td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> I will attach proof of Liquor Liability Insurance on the Attachments page. </td> </tr> </tbody> </table> | | | | | Name | Address | Phone | Email | Springfield Business License | <ul style="list-style-type: none"> • If alcohol is to be consumed on City property, additional restrictions may apply. | | | | | <input type="checkbox"/> I will attach proof of Liquor Liability Insurance on the Attachments page. | | | | |
| Name | Address | Phone | Email | Springfield Business License | | | | | | | | | | | | | | | |
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| Event Merchandise Sales | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> This event will have vendors advertising goods or services. | | | | | | | | | | | | | | | | | | | |
| Business Contact Information | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Business Name</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Phone</th> <th style="width: 15%;">Email</th> <th style="width: 30%;">Springfield Business License</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <input type="checkbox"/> Unsure of Vendors at this time. </td> </tr> </tbody> </table> | | | | | Business Name | Address | Phone | Email | Springfield Business License | <input type="checkbox"/> Unsure of Vendors at this time. | | | | | | | | | |
| Business Name | Address | Phone | Email | Springfield Business License | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Unsure of Vendors at this time. | | | | | | | | | | | | | | | | | | | |
| Event Miscellaneous Information | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> This event will have amplified sound and/or entertainment. | | | | | | | | | | | | | | | | | | | |
| Sound amplification system means any radio, tape player, compact disc player, public address system, amplifier, loudspeaker or other electronic device used for the amplification of sound. | | | | | | | | | | | | | | | | | | | |
| Sound-producing device means a radio, television, tape recorder, compact disc player or other digital player, phonograph, musical instrument or any other similar sound-producing instrument or device. | | | | | | | | | | | | | | | | | | | |
| Performance Information | | | | | | | | | | | | | | | | | | | |
| Start of Performance: 6/27/2023 8:00:00 PM | | End of Performance: 6/27/2023 9:15:00 PM | | | | | | | | | | | | | | | | | |
| Stage Location: No stage | | | | | | | | | | | | | | | | | | | |
| Electrical Usage | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> This event will need access to electricity. <input type="checkbox"/> This event will use a generator. | | | | | | | | | | | | | | | | | | | |

Tent Usage

☐ This event will use tents.

Number of Tents: 0

Specify tent Placement Location:

Porta Pots/Restroom Facilities

☐ This event will use Porta Pots/Restroom Facilities.

Facilities Contact Information

Business Name:

Address:

Phone:

Email:

Springfield Business License #:

Number of units?: 0

Facility placement Date/Time:

Facility removal Date/Time:

Trash Removal

Describe your plans for event trash removal.

Nursing home has trash service

Dumpster Usage

☐ This event will use dumpsters. Number of dumpsters 0

Location of Dumpster(s)

Business Contact Information (Dumpsters)

Business Name:

Address:

Phone:

Email:

Springfield Business License #:

Dumpster placement Date/Time:

Dumpster removal Date/Time:

Race Timekeeper Information

Timekeeper Name:

Address:

Phone:

Email:

Food Vendor Wastewater Disposal

Describe your plans for food-vendor wastewater disposal. indicate "NA" if no food is to be served.

NA

Security

☐ This event will use private security.

- Private security service cannot be used for traffic safety.
- Applicant is responsible for security of personnel during the event.
- The number of security officers or police officers will be determined by the Springfield Police Department based on the nature of the event.
- Contact the Police Department at 417-864-1727 for questions or clarification.
- If Springfield Police Department officers are required and utilized for traffic safety, workers compensation insurance coverage will be required.

Security Company Contact Information:

Business Name:

Address:

Phone:

Email:

Springfield Business License #:

Medical Service

☐ This event will use emergency medical service.

Emergency Medical Service Contact Information:

Business Name:

Address:

Phone:

Email:

Springfield Business License #:

Inclement Weather

What is the inclement weather contingency plan and how will inclement weather contingency plans be communicated to event staff and/or volunteers?

Acknowledgements

Insurance

I agree to provide a certificate of liability insurance in the amount of \$1,000,000 per person, \$1,000,000 in the aggregate, naming the City of Springfield as an additional named insured, with appropriate endorsements as required by the City.

If liquor is provided or served on City property the liquor license holder must provide liquor liability insurance in the amount of \$1,000,000 per occurrence, naming the City of Springfield as additional insured. Event sponsor will provide a copy of the liquor liability certificate of insurance to the City.

If Springfield Police Department officers are required and utilized for traffic safety, \$1,000,000 workers compensation insurance coverage will be required.

☒ I have read and understand the potential insurance requirements stated above.

CLEAN UP

I agree to promptly clean up all paper or debris caused by applicant's use of the area and understands that if such clean up is not promptly undertaken the City reserves the right to do the cleaning itself and to charge the applicant for the actual time and expense incurred (bond or cash security may be required if attendance exceeds 1,000 persons).

☒ I have read and understand the clean up requirements stated above.

CITY CODES / PERMITS

I agree that this event shall be conducted in an orderly manner with due regard for the convenience of the general public and with as little interference as possible with vehicles and movement of traffic. All lawful orders from police officers assisting with the event shall be followed. Applicant has received and read a copy of Section 36-485 of the City's Zoning Ordinance pertaining to Noise Standards. Applicant agrees to abide by all conditions as specified in the ordinance. Applicant also agrees to obtain all City permits and licenses that may be required, and shall comply with all other City laws and other conditions that the City Manager determines necessary.

☒ I have read and understand the city code / permit requirements stated above.

INDEMNITY

Most permits require a "Hold Harmless Agreement" to be submitted and signed with the city. This means applicant will defend, indemnify and hold the City of Springfield harmless from and against all claims, losses, and liability arising out of personal injuries, including death, and damage to property which are caused by Applicant, or arising out of or in any way connected with the activities conducted pursuant to this application.

☒ I have read and understand the potential need for the "Hold Harmless Agreement."

CONDUCT / NUISANCES

Applicant understands that if the outdoor activity is conducted in such a way as to create a nuisance for any business or resident of the area, future permits may be denied for that reason alone. Applicant will be notified as soon as practical that the activity engaged in created a nuisance and may ask for a review of such determination. The Special Event Permit Coordinator in the Department of Public Information must be informed of any changes to the information provided in this document or to the site map.

☒ I have read and understand the city conduct / nuisance requirements stated above.

Signature

☒ By checking this box and typing my name below, I am electronically submitting my signature.

First Name

Middle Initial

Last Name

Angie

Yancey

If you have questions regarding an event or this application, please contact Sharon Spain, Special Event Permit Coordinator, in the Department of Public Information, at 417-864-1105 or sspain@springfieldmo.gov.